

TREATMENT PROTOCOL: AGITATED DELIRIUM

1. Approach patient in a calm and cautious manner, attempt verbal de-escalation prior to involuntary restraint ❶❷❸
2. Basic airway ❹
3. Oxygen/pulse oximetry ❺
4. Consider restraining if patient is a danger to self or others, contact law enforcement prn ❸❹❺
5. Perform blood glucose test early when possible ❸❷
6. Venous access, if possible; consider Normal Saline 250ml fluid challenge; may repeat prn with clear lung sounds
7. Cardiac monitor when possible: document rhythm and attach ECG strip if dysrhythmia identified
8. **ESTABLISH BASE CONTACT (ALL)**
9. **Midazolam ❷❸**
 - 2-5mg IV
 - 5mg IN or IM, if unable to obtain venous access
 - May repeat one time in 5min, maximum total adult dose 10mg all routes

SPECIAL CONSIDERATIONS

- ❶ Agitated delirium (AD), also known as excited delirium, is characterized by an acute onset of extreme agitation and bizarre, combative behavior. Careful consideration should be given to the appropriate treatment of any underlying condition prior to sedation.
- ❷ AD may exist after a seizure. Patients who are violent and combative after a grand mal seizure may require midazolam, both to control their agitation and to prevent further seizures.
- ❸ For moderate to severe agitation, consider base contact early for administration of midazolam. **If known insulin-dependent diabetic, serious consideration should be given to obtaining blood glucose level prior to administration of midazolam.**
- ❹ Monitor airway closely. Restrained patients with AD are at risk for sudden cardiopulmonary arrest and often exhibit an abrupt and brief period of lethargy with a marked decrease in respirations prior to arrest.
- ❺ If wheezing, rales, or diminished lung sounds are present, refer to Ref. No. 1249, Respiratory Distress Treatment Protocol.
- ❻ Patients in restraints shall not be transported in the prone position, refer to Ref. No. 838, Application of Patient Restraints.
- ❼ If hypoglycemia, utilize Ref. No. 1243, Altered Level of Consciousness Treatment Protocol.
- ❽ AD can interfere with the body's ability to regulate temperature; active cooling measures should be considered during transport for suspected hyperthermia.
- ❾ Careful observation of fluctuations in the patient's level of activity is essential; frequent monitoring of vital signs and pulse oximetry are required until transfer of care.